SERFF Tracking Number:	NYLC-127290376	State:	Arkansas
Filing Company:	New York Life Insurance and Annuity Corporation	State Tracking Number:	49482
Company Tracking Number:	311-255		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	AD111 ROP Rider		
Project Name/Number:	AD111 ROP Rider/311-255		

Filing at a Glance

Company: New York Life Insurance and Annuity Corporation

Product Name: AD111 ROP Rider	SERFF Tr Num: NYLC-127290376	State: Arkansas
TOI: L09I Individual Life - Flexible Premium Adjustable Life	SERFF Status: Closed-Approved-Closed	State Tr Num: 49482
Sub-TOI: L09I.001 Single Life	Co Tr Num: 311-255	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Authors: Team Leader, Robert Williams III	Disposition Date: 08/11/2011
	Date Submitted: 08/08/2011	Disposition Status: Approved-Closed
Implementation Date Requested: 10/01/2011		Implementation Date:

State Filing Description:

General Information

Project Name: AD111 ROP Rider	Status of Filing in Domicile:
Project Number: 311-255	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 08/11/2011
	State Status Changed: 08/11/2011
Deemer Date:	Created By: Team Leader
Submitted By: Team Leader	Corresponding Filing Tracking Number:

Filing Description:

RE: New York Life Insurance and Annuity Corporation (NYLIAC)
 Individual Life Insurance
 NAIC #: 826 91596
 FEIN #: 13-3044743
 Return of Premium rider, Form No 311-255

Dear Commissioner:

SERFF Tracking Number:	NYLC-127290376	State:	Arkansas
Filing Company:	New York Life Insurance and Annuity Corporation	State Tracking Number:	49482
Company Tracking Number:	311-255		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	AD111 ROP Rider		
Project Name/Number:	AD111 ROP Rider/311-255		

Enclosed for your Department's approval is a new rider, form 311-255, titled Return of Premium Benefit Rider, for use with our previously approved Universal Life policies. The enclosed rider does not replace any form previously approved by your Department.

This rider will provide for additional death benefit coverage by adding a percentage of the premiums paid, ranging from 10% up to 100%, as chosen by the policyowner, to the Base Policy face amount. It will be available with the 2 policy forms listed below:

311-54 was approved on 1/18/2011 under DOI #47639 and 311-184 was approved on 1/18/2011 under DOI #47641.

The monthly cost of insurance charges and per $1,000 charges are based on the current ROP benefit amount. All charges for this rider are deducted from the Base Policy's cash value and also from the Base Policy's custom guarantee shadow account. Additional information regarding this rider is also included in the enclosed Actuarial Memorandum.

The enclosed rider can only be included in a policy at the time of issue and it will terminate at the same time as the Base Policy unless an earlier date is requested.

The enclosed rider is available as follows:
311-54– issue age limits: 18-90
311-184– issue limits: 20-90

We hope this information is satisfactory and that we may receive your Department's approval of the enclosed rider form at your earliest convenience.

Sincerely,

Linda E. LoPinto
Corporate Vice President

Company and Contact

Filing Contact Information
Kimeesha-Ariana Little, Associate   klittle2@nyl.com
51 Madison Avenue   212-576-7881 [Phone]
Room 0154   212-447-4141 [FAX]

SERFF Tracking Number:	NYLC-127290376	State:	Arkansas
Filing Company:	New York Life Insurance and Annuity Corporation	State Tracking Number:	49482
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TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	AD111 ROP Rider		
Project Name/Number:	AD111 ROP Rider/311-255		

New York, NY 10010

Filing Company Information

New York Life Insurance and Annuity Corporation	CoCode: 91596	State of Domicile: Delaware
51 Madison Ave	Group Code: 826	Company Type: Life
New York, NY 10010	Group Name: NYLIC	State ID Number:
(212) 576-4809 ext. [Phone]	FEIN Number: 13-3044743	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	Yes
Fee Explanation:	$50.00 per form.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance and Annuity Corporation	$50.00	08/08/2011	50455636

SERFF Tracking Number:	NYLC-127290376	State:	Arkansas
Filing Company:	New York Life Insurance and Annuity Corporation	State Tracking Number:	49482
Company Tracking Number:	311-255		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	AD111 ROP Rider		
Project Name/Number:	AD111 ROP Rider/311-255		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/11/2011	08/11/2011

SERFF Tracking Number:	NYLC-127290376	State:	Arkansas
Filing Company:	New York Life Insurance and Annuity Corporation	State Tracking Number:	49482
Company Tracking Number:	311-255		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	AD111 ROP Rider		
Project Name/Number:	AD111 ROP Rider/311-255		

Disposition

Disposition Date: 08/11/2011
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	NYLC-127290376	State:	Arkansas
Filing Company:	New York Life Insurance and Annuity Corporation	State Tracking Number:	49482
Company Tracking Number:	311-255		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	AD111 ROP Rider		
Project Name/Number:	AD111 ROP Rider/311-255		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Company Officer Certification		Yes
Supporting Document	Annotated Data Pages		Yes
Supporting Document	Statement of Variability		Yes
Form	Return of Premium Rider (ROP)		Yes

SERFF Tracking Number:	NYLC-127290376	State:	Arkansas
Filing Company:	New York Life Insurance and Annuity Corporation	State Tracking Number:	49482
Company Tracking Number:	311-255		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	AD111 ROP Rider		
Project Name/Number:	AD111 ROP Rider/311-255		

Form Schedule

Lead Form Number: 311-255

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	311-255	Policy/Contract/Fraternal Certificate	Return of Premium Rider (ROP)	Initial		52.000	ROP form 311-255.pdf

RETURN OF PREMIUM BENEFIT (ROP) RIDER

Any undefined terms used in this rider have the meaning set forth in the Base Policy to which this rider is attached. This policy is referred to as Base Policy in the rest of this rider. This rider, when paid for, is made a part of the Base Policy, based on the application for the rider. The Rider effective date is the Policy Date of the Base Policy.

1. **Benefit** This rider provides an additional death benefit amount equal to a percentage of the premiums paid for the Base Policy.   This additional death benefit amount will be included in the life insurance proceeds of the Base Policy to which this rider is attached. The additional death benefit amount will be paid to the beneficiary when we have due proof that the Insured (the last Surviving Insured for a Survivorship policy) under the Base Policy died while this rider was in effect.

2. **Return Of Premium Benefit Amount** The Return of Premium (ROP) Benefit Amount is an additional amount of insurance determined by applying an ROP Percentage to the amount of premiums paid. The ROP Percentage shown on the ROP Rider Data Page was specified at the time of application. It cannot be increased after issue. However, you can decrease the ROP Percentage after issue by sending us your signed request. Decreases in the ROP Percentage apply to all premium payments made after the decrease takes effect. We will send you a new ROP Rider Data Page, which includes the new ROP Percentage and the effective date of the decreased rate.

    The initial value of the ROP Benefit Amount under this rider is equal to the ROP Percentage multiplied by the first Premium paid for the Base Policy. Any subsequent Planned, Unplanned, or Additional First Year Premiums paid will also be multiplied by the ROP Percentage and will increase the ROP Benefit Amount, subject to the terms and conditions of the Base Policy. You can choose to stop future premium payments from increasing the ROP Benefit Amount by sending us your signed request. No future premiums will be added to the ROP Benefit Amount after we receive such a request.

    A Maximum ROP Benefit Amount was specified at the time of application.   This amount is shown on the ROP Rider Data Page. It cannot be increased after issue. Premium payments do not increase the ROP Benefit Amount once the ROP Benefit Amount becomes equal to the Maximum ROP Benefit Amount or when the Insured (younger Insured for a Survivorship policy) reaches age 100.

3. **Return Of Premium Benefit Interest Rate** An ROP Benefit Interest Rate is applied to increase the ROP Benefit Amount. The ROP Benefit Interest Rate shown on the ROP Rider Data Page was specified at the time of application. It cannot be increased after issue. However, you can decrease the ROP Benefit Interest Rate once each policy year by sending us your signed request. The decreased rate will be applied on the policy anniversary after we receive your request. We will send you a new ROP Rider Data Page, which includes the new ROP Benefit Interest Rate and the effective date of the decreased rate.

    All interest is computed daily and is credited on a monthly basis. All interest credited to the ROP Benefit Amount is subject to the Maximum ROP Benefit Amount shown on the Base Policy Data Page 2a.

4. **Decreasing The Return Of Premium Benefit Amount**   You can decrease the ROP Benefit Amount provided by this rider by sending us a signed request. Once a decrease is processed, the ROP Benefit Amount cannot be increased. Interest will continue to accrue on the ROP Benefit Amount, but no further premium payments will be added to the ROP Benefit Amount.

5. **Partial Surrenders And The Return Of Premium Benefit Amount**   You can request a partial surrender as provided under the Base Policy.   A request for a partial surrender will be applied to decrease the ROP Benefit Amount. However, if the partial surrender amount you request exceeds the ROP Benefit Amount, the Base Policy Face Amount will be reduced by an amount equal to the net partial surrender amount that exceeds the ROP Benefit Amount.

6. **Waiver Of Monthly Deduction Charges Under The Base Policy** If monthly deduction charges for the Base Policy are being waived under the terms of a Monthly Deduction Waiver rider, you can continue to pay premiums. We will accept those premiums, subject to the terms and conditions of the Base Policy. We will credit interest to the ROP Benefit Amount, subject to the Maximum ROP Benefit Amount shown on the Base Policy Data Page 2a.

311-255

RETURN OF PREMIUM BENEFIT (ROP) RIDER (Continued)

7. Cost Of Insurance Rate The rates used to calculate the Cost of Insurance for the ROP Benefit Amount are based on the Insured's (both Insureds' for a Survivorship policy) age, gender, and class of risk at the time of issue, Base Policy Face Amount and on future expectations for investment earnings, mortality, persistency, taxes, and expenses. The rates will be in accordance with the procedures and standards on file with the insurance department in the state or district in which the Base Policy to which this rider is attached is delivered.

The monthly rates that apply to the Cost of Insurance for the ROP Benefit Amount at all ages will not be greater than the maximum rates shown in the Table of Guaranteed Maximum Monthly Cost of Insurance Rates attached to the Base Policy. The actual rate will be set by us in advance at least once a year. Any change in the Cost of Insurance Rate will be on a uniform basis for Insureds of the same classification, such as attained age, gender, and class of risk. Any change in these rates will be based on future expectations for investment earnings, mortality, persistency, taxes, and expenses. The Cost of Insurance for this rider is charged monthly as part of the Monthly Deduction Charge for the Base Policy**.**

8. Cost of Insurance Calculation The Cost of Insurance for this rider is calculated each month on the Base Policy's Monthly Deduction Day. We do this even if a premium payment is not made in that month. The monthly Cost of Insurance for the ROP Benefit Amount is equal to the Monthly Cost of Insurance per Thousand of Net Amount at Risk multiplied by the Net Amount at Risk per Thousand allocated to the ROP Benefit Amount. The Net Amount at Risk is allocated to the coverages of the Base Policy in the following order:
1. To the ROP Benefit Amount; and then
2. To the Base Policy Face Amount.

The Net Amount at Risk (as defined in Section 6.2 of the Base Policy) is adjusted so that the ROP Benefit Amount applicable to this rider is included in the Life Insurance Benefit of the Base Policy.

9. Monthly Per Thousand Of Return Of Premium Benefit Amount Charge The Monthly Per Thousand of ROP Benefit Amount Charge for this rider varies by duration and is based on the Insured's (both Insureds' for a Survivorship policy) age, gender, and class of risk at the time of issue. This charge is deducted monthly as part of the Monthly Deduction Charge for the Base Policy.

10. Monthly Per Thousand Of Return Of Premium Benefit Amount Charge Calculation The Monthly Per Thousand of ROP Benefit Amount Charge for this rider is calculated on each Monthly Deduction Day. We do this even if a premium payment is not made in that month.

The Monthly Per Thousand of ROP Benefit Amount Charge is calculated by multiplying the charge for the appropriate year by the number of thousands of the ROP Benefit Amount. The rate used to calculate the applicable Monthly Per Thousand ROP Benefit Amount Charge for any policy year will not be greater than the maximum rate shown on the ROP Rider Data Page.

11. Values This rider does not have cash or loan value.

12. Conformity With Law This rider is subject to all laws that apply. We reserve the right to make changes to this rider to ensure that this rider qualifies as life insurance under federal tax law.

13. When Rider Ends You may cancel this rider, at any time, by sending a signed request to us at our Service Office or any other location that we indicate to you in writing. This rider will end on the Monthly Deduction Day on or next following the date we receive your request.

This rider will also end if:
a) the Base Policy ends,
b) the Base Policy is surrendered or
c) if you request that the ROP Benefit Amount be reduced to zero.

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

[*Catherine A Marion*]
Secretary

[*Theodore A Mathas*]
President

311-255

SERFF Tracking Number:	NYLC-127290376	State:	Arkansas
Filing Company:	New York Life Insurance and Annuity Corporation	State Tracking Number:	49482
Company Tracking Number:	311-255		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	AD111 ROP Rider		
Project Name/Number:	AD111 ROP Rider/311-255		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment:			
Readability Cert _Gen.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Health - Actuarial Justification		
Comments:			
Attachment:			
AM for ROP 311-225.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Company Officer Certification		
Comments:			

SERFF Tracking Number:	NYLC-127290376	State:	Arkansas
Filing Company:	New York Life Insurance and Annuity Corporation	State Tracking Number:	49482
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Product Name:	AD111 ROP Rider		
Project Name/Number:	AD111 ROP Rider/311-255		

Attachment:

Certification.pdf

		Item Status:	**Status Date:**
Satisfied - Item:	Annotated Data Pages		
Comments:			
Attachment:			

Annotated DP [only].pdf

		Item Status:	**Status Date:**
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment:			

SOV [only].pdf

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

READABILITY CERTIFICATION

I certify that form 311-255 listed on the attached page(s) meet the standards of your State's Readability Laws.

Flesch Scores for forms submitted with this filing are:

Form No.	Flesch Score
311-255	**52**

**NEW YORK LIFE INSURANCE AND
ANNUITY CORPORATION**

Linda E LoPinto

Signature

Linda E. LoPinto

Name

Corporate Vice President

Title
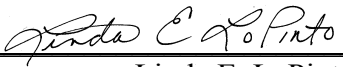
August 5, 2011

Date

New York Life Insurance and Annuity Corporation

Forms: <u>311-255</u>

I hereby certify that we are in compliance with Regulation 34 regarding mandatory policy provisions and disclosure requirements.

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements Regulation 19, Regulation 49, and Code Ann. 23-79-138.

<u>New York Life Insurance and Annuity Corporation</u>
Company

Linda E LoPinto
Linda E. LoPinto

<u>Corporate Vice President</u>
Title

<u>August 8, 2011</u>
Date

POLICY INFORMATION

INSURED	AGE	CLASS OF RISK
[JOHN DOE]	*[35 MALE]*	*[STANDARD]*

POLICY NUMBER [*00 000 000*]
POLICY DATE   [*FEBRUARY 14, 2011*]
ISSUE DATE   [*FEBRUARY 14, 2011*]

PLAN *NEW YORK LIFE CUSTOM UNIVERSAL LIFE GUARANTEE*

BASE POLICY FACE AMOUNT $[*100,000.00*]   LIFE INSURANCE BENEFIT OPTION [*1*]

OWNER [*INSURED*]

BENEFICIARY (subject to change)
[AS DESIGNATED ON THE APPLICATION, OR AS SUBSEQUENTLY CHANGED IN ACCORDANCE WITH THE CHANGE OF BENEFICIARY PROVISIONS.]

ADDITIONAL BENEFITS

#1 [RETURN OF PREMIUM (ROP) BENEFIT]
#2 [MAXIMUM ROP BENEFIT AMOUNT $[*400,000.00*]]

POLICY NUMBER [*00 000 000]*

RETURN OF PREMIUM (ROP) BENEFIT RIDER DATA PAGE

#4ROP BENEFIT INTEREST RATE [***5.00***]%

#5ROP PERCENTAGE [***100.00***]%

MAXIMUM MONTHLY PER THOUSAND OF ROP BENEFIT AMOUNT CHARGE:

POLICY YEAR	PER THOUSAND CHARGE
1+	**#6**$[***0.05000***]

TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES
FOR RETURN OF PREMIUM BENEFIT RIDER (ROP)
(PER THOUSAND OF INSURANCE)

POLICY YEAR		POLICY YEAR		POLICY YEAR	
#7[1	0.1668475	31	2.2517816	61	29.0789612
2	0.1760346	32	2.4364856	62	30.9491794
3	0.1860582	33	2.6164601	63	32.9699477
4	0.2002604	34	2.8063617	64	35.1608978
5	0.2144653	35	2.9949993	65	37.5429083
6	0.2311803	36	3.2240603	66	40.1384665
7	0.2529153	37	3.4755947	67	42.1611833
8	0.2780017	38	3.8189670	68	44.3504439
9	0.3081162	39	4.1656324	69	46.7156170
10	0.3441017	40	4.5173950	70	49.2815392
11	0.3817791	41	4.9284863	71	52.7144263
12	0.4169612	42	5.3685730	72	56.5323250
13	0.4563508	43	5.8803961	73	60.8000917
14	0.4781494	44	6.4762448	74	65.5922211
15	0.5033094	45	7.1598732	75	71.0147395
16	0.5393863	46	7.8966492	76	77.1888591
17	0.5821972	47	8.7300126	77	83.3333333
18	0.6409961	48	9.5799696	78	83.3333333
19	0.7074087	49	10.4813101	79	83.3333333
20	0.7907157	50	11.4734079	80	83.3333333
21	0.8850708	51	12.6567224	81	83.3333333
22	0.9812297	52	13.9729838	82	83.3333333
23	1.0834247	53	15.4134397	83	83.3333333
24	1.1637555	54	16.9566192	84	83.3333333
25	1.2568750	55	18.5858891	85	83.3333333
26	1.3696155	56	20.2832905	86	83.3333333]
27	1.5097112	57	21.8458580		
28	1.6790147	58	23.4727866		
29	1.8674723	59	25.1904511		
30	2.0606713	60	27.0123267		

THESE MAXIMUMS WILL BE INCREASED BY ANY FLAT EXTRA CHARGES THAT APPLY.

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
POLICY DATA PAGE 2e

#3 [1154-2e or 11184-2e]

New York Life Insurance and Annuity Corporation
Statement of Variability for form: 311-255
(07/05/2011)

Variable material is bracketed on the attached specimen Data Pages.

#1: **ADDITIONAL BENEFITS:**	Applicable rider footnote that displays if the ROP rider is selected.
#2: **RIDER BENEFITAMOUNT:**	Applicable footnote that displays the ROP rider amount that is chosen. Min:$1,000 – Max: 4x Base Policy's Face Amount.
#3: **FORM PAGE NUMBER:**	The page number based on the policy form the page in included in. 1154-2a –UL policy 311-54 ; 11184-2a – SUL policy 311-184
#4: **RIDER INTEREST RATE:**	As chosen on application. Range = 0% - 15%
#5: **RIDER PERCENTAGE:**	As chosen on application. Range = 10% - 100%
#6: **MAXIMUM MONTHLY BENEFIT AMOUNT CHARGE:**	Varies based on Insured(s)'s issue age(s), gender(s), appropriate class(es) of risk, initial face amount, and if applicable, flat extra charges.
#7: **MAXIMUM MONTHLY COI RATES:**	Varies based on Insured(s)'s issue age(s), gender(s), appropriate class(es) of risk, initial face amount, and if applicable, flat extra charges.

The company officer signatures on the rider form are bracketed as variable material, in the event the title of an officer signing the policy or contract form changes, any new title utilized will be the title of an officer of the company.

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

311-255 VAR 07/2011